

PTO/SB/01 (10-00)

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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number		MCP-0289	
		First Named Inventor		Gerard P. McNally	
		COMPLETE IF KNOWN			
		Application Number			
		Filing Date			
		Group Art Unit			
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)		Examiner Name			
As a below named inventor, I hereby declare that:					
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Laxative Composition <i>(Title of the Invention)</i>					
the specification of which					
<input checked="" type="checkbox"/> is attached hereto					
OR					
<input type="checkbox"/> was filed on (MM/DD/YYYY) <input type="text"/> as United States Application Number or PCT International Application Number <input type="text"/> and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:					

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
09/390,813	9/7/99	Pending

I hereby appoint:

☒ Practitioners at Customer Number **000027777** →

Place Customer
Number Bar Code
Label Here

AND

☐ Practitioner(s) named below:
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Address all telephone calls to Sharon H. Hegedus at telephone number (732) 524-2242.

Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

Name:

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City:

State:

ZIP

Country

Telephone:

Fax:

000027777

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Gerard P.		Family Name or Surname McNally	
Inventor's Signature		Date	
Residence: City Strafford	State PA	Country US	Citizenship US
Mailing Address 646 West Valley road			
City Strafford	State PA	ZIP 19087	Country US

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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Charles E.		Family Name or Surname Pendley II	
Inventor's Signature		Date	
Residence: City Abington	State PA	Country US	Citizenship US
Mailing Address 961 Woodcrest Road			
City Abington	State PA	ZIP 19001	Country US

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NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Brid T.		Family Name or Surname Burruano	
Inventor's Signature		Date	
Residence: City King of Prussia	State PA	Country US	Citizenship US
Mailing Address 274 Sweetbriar Circle			
City King of Prussia	State PA	ZIP 19046	Country US

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NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Nancy B.		Family Name or Surname Rainey	
Inventor's Signature		Date	
Residence: City Villanova	State PA	Country US	Citizenship US
Mailing Address 769 Harrison Road			
City Villanova	State PA	ZIP 19085	Country US

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NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Steven A.		Family Name or Surname Jacobs	
Inventor's Signature		Date	
Residence: City Hatfield	State PA	Country US	Citizenship US
Mailing Address 1711 Moyer Road			
City Hatfield	State PA	ZIP 19440	Country US

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NAME OF NINETH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Anthony J.		Family Name or Surname LeStorti	
Inventor's Signature		Date	
Residence: City Doylestown	State PA	Country US	Citizenship US
Mailing Address Regency Woods TH. F-11			
City Doylestown	State PA	ZIP 18901	Country US

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NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Shun Por		Family Name or Surname Li	
Inventor's Signature		Date	
Residence: City Lansdale	State PA	Country US	Citizenship US
Mailing Address 1615 Clearbrook Road			
City Lansdale	State PA	ZIP 19446	Country US

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NAME OF SEVENTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael E.		Family Name or Surname Mertzman	
Inventor's Signature		Date	
Residence: City New Hope	State PA	Country US	Citizenship US
Mailing Address 15B Rummeneide Court			
City New Hope	State PA	ZIP 18938	Country US

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NAME OF EIGHTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) David W.		Family Name or Surname Wynn	
Inventor's Signature		Date	
Residence: City Abington	State PA	Country US	Citizenship US
Mailing Address 1267 Huntingdon Road			
City Abington	State PA	ZIP 19001	Country US

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